



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. JOSEPH HOSPITAL & HEALTH CENTER (KOKOMO)

City of Hospital: Kokomo

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the
Report: Lynn Vertrees

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Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$156397619
Outpatient Patient Service Revenue	\$223400826
Total Gross Patient Service Revenue	\$379798445

2. Deductions From Revenue

Contractual Allowance	\$229835941
Other Deductions	\$15530912
Total Deductions	\$245366853

3. Total Operating Revenue

Net Patient Service Revenue	\$134431592
Other Operating Revenue	\$-1488981
Total Operating Revenue	\$132942611

4. Operating Expenses

Salaries and Wages	\$39712828	Employee Benefits	\$10620333
Depreciation and Amortization	\$5316355	Interest Expense	\$584106
Bad Debt	\$10078115	Other Expenses	\$53422680
Total Operating Expenses	\$119734417		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13208194	Total Assets	\$200067146
Net Non-operating Gains over Loss	\$9920342	Total Liabilities	\$36288446
Total Net Gains	\$23128536		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$184893317	\$148014305	\$36879012
Medicaid	\$40855283	\$31369513	\$9485770
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$154049845	\$76061151	\$77988694
Total	\$379798445	\$255444969	\$124353476

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$10294	\$74600	\$-64306

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0

Hospital Patients	\$0	\$2520	\$-2520
Community Education	\$0	\$36745	\$-36745

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	2208
Number of Citizens Exposed to Health Education Messages	1521

Statement Six: Charity Statement

Hospital Charity Charges	\$7160551
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1997775	
HCI Payments	\$0		
Subtotal	\$0	\$1997775	\$-1997775
Medicaid Shortfalls	\$11632016	\$12170206	
Subtotal	\$11632016	\$14167981	\$-2535965
DSH Payments	\$0		
Subtotal	\$11632016	\$14167981	\$-2535965
Medicare Shortfalls	\$37055222	\$50939773	
Other Government Programs	\$0	\$0	
Total	\$48687238	\$65107754	\$-16420516

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$13131	\$265097	\$-251966
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$150	\$207778	\$-207628

